

CUDAHY HEALTH DEPARTMENT IMMUNIZATION GUIDE

Immunization Clinics are held at the **Cudahy Health Department** two times every month

To schedule an appointment contact the **Cudahy Health Department** at
769-2239 EXT 300

There is a \$20.00 per visit administration fee. This fee may be waived under special circumstances.

PLEASE NOTE: A PARENT/LEGAL GUARDIAN IS REQUIRED TO SIGN AN IMMUNIZATION CONSENT FORM **EACH TIME** YOUR CHILD IS SEEN IN ONE OF OUR IMMUNIZATION CLINICS. WITHOUT THIS SIGNATURE, YOUR CHILD CANNOT RECEIVE THE RECOMMENDED IMMUNIZATIONS.

AGE	IMMUNIZATIONS RECOMMENDED
2 MONTHS	DTaP, IPV, HEP B, HIB, PCV, RV
4 MONTHS	DTaP, IPV, HEP B, HIB, PCV, RV
6 MONTHS	DTaP, IPV, HEP B, HIB, PCV, RV
12 MONTHS	HIB, VARICELLA, MMR, HEP A, PCV
15-18 MONTHS	DTaP, HEP A
4-6 YEARS	DTaP, IPV, MMR, VARICELLA
11-18 YEARS	Tdap / Td, HPV (Females only), MCV, VARICELLA (2 doses now required)
NOTE:	Tdap given once, 5 years after last dose of any tetanus containing vaccine then Td at 10 year intervals

DTaP= Diphtheria, Tetanus, and Pertussis

HEP A= Hepatitis A

HEP B= Hepatitis B

HIB=Haemophilus Influenzae-Type B

HPV=Human Papillomavirus

IPV= Polio

MCV=Meningococcal

MMR= Measles, Mumps, and Rubella

PCV= Pneumococcal

RV=Rotavirus

Td= Adult Tetanus and Diphtheria

Tdap= Adult Tetanus, Diphtheria, and Pertussis

VARICELLA= Chicken Pox